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CONFIRMATION NO. 9298

<b>SERIAL NUMBER</b> 09/863,600	<b>FILING OR 371(c) DATE</b> 05/23/2001 <b>RULE</b>	<b>CLASS</b> 514 113	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> JJPR-0014 (ORT-1436)
<b>APPLICANTS</b> Virginia Smith-Swintosky, Hatfield, PA; Michael Renzi, Harleysville, PA; Carlos Plata-Salaman, Ambler, PA; Linda Jolliffe, Hillsborough, PA; Francis Farrell, Doylestown, PA; Dana Johnson, Upper Black Eddy, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/207,654 05/26/2000				
<b>** FOREIGN APPLICATIONS *****</b> None				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/13/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 37
Examiner's Signature <i>Abdel A. Mohamed</i> Initials <i>AM</i>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 27777				
<b>TITLE</b> NEUROPROTECTIVE PEPTIDES				
<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	